Election Promise

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Queensland Government
Queensland Health

MINISTERIAL BRIEFING

Number BR022576

For Noting

DEADLINE

BRIEFING NOTE to be limited to two pages only. Where additional information is required, supporting schedules / attachments should be used

SUBJECT:

Treating patients from the elective surgery waiting list.

PURPOSE:

To provide the Minister with options relating to the treatment of patients on Queensland Hospital elective surgery waiting lists within the private sector.

BACKGROUND:

Despite efforts to reduce waiting lists, Queensland Health is unable to meet existing demand for elective surgery services particularly in Category 3 (non-urgent) patients. This is demonstrated by an increase in waiting list numbers of approximately 1,000 patients between 2003/2004 and 2004/2005, even with the injection of election commitment funding for additional procedures.

This reflects the commonly observed situation in health care where growth in supply can lead to increased demand and vice versa. It suggests that policy makers and funders should be cautious in interpreting waiting lists as an indicator of need and in pursuing patient throughput strategies in isolation to reducing waiting lists. It also suggests that when incentive funds are used to increase throughput, these funds must be added to the hospital base budget if the status of the waiting list is to be maintained.

Throughout the life of the *Waiting List Reduction Strategy*, service efficiency has been a hallmark of Queensland Health's clinical services.

While there is some prospect of further marginal efficiency gains in the short-term, repeating the large-scale improvements that have been corporately driven over the past five years cannot be repeated. Further change is continuing to be driven through the newly established Elective Procedures Program, however efforts must be balanced against the real risk that driving such change relentlessly may actually result in compromised patient safety (eg. unsupported discharge from hospital), increased cost due to adverse events and unplanned re-admissions, or increasing hospital budget deficits.

KEY ISSUES:

The changes in management of elective surgery services implemented through the *Waiting List Reduction Strategy* has resulted in improved waiting times for higher acuity patients. Improvements for Category 1 and 2 patients were achieved early in the program and have been maintained despite increasing demand for services.

While the percentages of Category 3 patients waiting longer than recommended times was initially maintained, deterioration in these waiting times has occurred as elective surgery funds have been progressively used to treat the higher acuity patients. On average Queensland Health treats 41,000 Category 1 patients, 50,000 Category 2 patients and 25,000 Category 3 patients each year. Some less complex Category 3 patients are included on surgical lists to maximise available operating room time and for teaching purposes.

The composition of Queensland Health's elective surgery waiting lists varies between facilities, but analysis on a statewide basis is informative. Category 1 patients account for 7% of patients on Queensland lists, while Category 2 and 3 patients comprise 33% and 60% respectively. As at 1 April 2005 more than 1,000 Category 2 patients and 6,000 Category 3 patients are waiting longer than clinically recommended times. The Category 3 'long wait' position has been improved by the treatment of approximately 2,000 cataract and joint replacement cases via election commitment funds.

Access to elective surgery waiting lists is through specialist outpatient services. Although waiting times for outpatient appointments are not corporately collected, it is estimated that there are 84,000 patients waiting to be seen by a surgical outpatient specialist, of which 60,000 patients are not booked for a specialist outpatient appointment. The volume of the current outpatient waiting list demonstrates that demand for specialist surgical services within the public system is far greater than available capacity.

To improve access to elective surgery, consideration must also be given to the impacts on the existing health system – specifically the system's capacity to maintain or increase elective surgery throughput without comprising other clinical services and quality of care.

Options for Consideration

Further development of partnerships with private sector health services may present opportunities for mutually beneficial elective surgery arrangements in areas of identified need. Private health services in Queensland have substantial infrastructure and workforce resources, capable of delivering elective surgery services. In areas where public sector capacity is not sufficient to meet the elective surgery demand, Queensland Health has successfully negotiated to use spare capacity in private services at competitive rates.

Category 3 type procedures including joint replacement and cataract surgery currently place an enormous strain on the public system. Evidence reveals that lengthy delays in the treatment of these types of patients will contribute to a reduction in quality of life, increase cost to community and increased cost of treatment in the future. By redirecting less urgent patients to the private sector Queensland Health will be able to focus attention towards the more urgent and complex patients.

TREATING PATIENTS FROM THE ELECTIVE SURGERY WAITING LIST

Option 1 – Treat existing 'long wait' patients in the private sector

The existing 7,000 'long wait' Category 2 and 3 patients are waiting for procedures that would be suitable for treatment within the private sector. These include cataract surgery, hip or knee replacements, cystoscopies, varicose vein surgery, cholecystectomy, hernia repair and various ENT procedures such as tonsillectomy. There are more than 14,000 patients with these types of procedures currently waiting for surgery - if not treated they will add to the existing 'long wait' position. It is estimated that $41 million is required to treat these 7,000 'long wait' patients within the private sector. This would clear the existing backlog of 'long wait' patients, but will not fix the problem as the public sector is at capacity and the waiting list will continue to grow.

Option 2 – Treat Category 3 patients in the private sector

To continue to maintain the urgent Category 1 workload, improve Category 2 waiting times and reduce 'long waits' in the public sector, existing Category 3 activity will need to be significantly reduced. It is estimated that approximately 15,000 Category 3 procedures will need to be outsourced on an annual basis, which will cost in the vicinity of $87 million per year.

This option will enable total available capacity within the public sector to be dedicated to the treatment of more urgent patients. In this regard, overall supply of elective surgery services is expected to remain static. Therefore any increases in access to specialist outpatient services may increase demand beyond the public sector's capability.

Other considerations

Outside of expanding public capacity, options available to Queensland Health to treat additional elective surgery/procedures include:

1. Contracting services to the private sector (including non Queensland Health Visiting Medical Officers)
2. Contracting services to the private sector exclusively to Queensland Health Visiting Medical Officers.
3. Contracting fee-for-service sessions within Queensland Health facilities to Visiting Medical Officers in addition to their existing rostered arrangements.

Prior to proceeding with either option, further negotiation with the relevant private providers, medical officers and specialist colleges will need to occur to mitigate any level of associated risk. A dedicated multidisciplinary team will need to be established to coordinate and manage the outsourcing of this work to the private sector.

Summary

The options suggested provide real opportunity to improve access and waiting times for treatment and will have a positive impact on the quality of life for many Queenslanders. However the options provided must not be seen as an overall solution for meeting the ongoing demand for elective surgery services.

Funding for these options must be recurrent to combat the conversion of existing in-time patients to 'long waits' in the future. It should be recognised that these options will only be successful if access to specialist outpatient services remains static.

TREATING PATIENTS FROM THE ELECTIVE SURGERY WAITING LIST

ATTACHMENTS:

N/A

MEDIA RELEASE: (Optional)

[ ] YES [×] NO

COMMUNICATION STRATEGY / SPEECH: (Optional)

[ ] ATTACHED [×] NOT ATTACHED

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Date: 27 June 2005

RECOMMENDATION:

BRIEFING

Noted: .....

COMMENTS:

Noted.

As discussed between officers this issue is to be further considered by the Assist and Care of the Findings of the Morris Inquiry and the Forster Review.

GORDON NUTTALL MP
Minister for Health
Member for Sandgate
25/7/05.

TREATING PATIENTS FROM THE ELECTIVE SURGERY WAITING LIST